

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28841

7146

FILED AUG 25 1951

318

1003

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>0</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>1434a E. Linton Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Ernest Elbert</u> | | a. (First) | | b. (Middle) <u>Watts</u> | | c. (Last) | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>April, 11, 1894</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Worker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Spices</u> | | 11. BIRTHPLACE (State or foreign country) <u>Anthony, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>William W. Watts</u> | | 13b. MOTHER'S MAIDEN NAME <u>Viola Fox</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Zetta Watts</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>1st W. W.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Zetta Watts, 1434a E. Linton Ave.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforated Duodenal ulcer</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Possible ulcer before</u> DUE TO (c) <u>Heart failure - severe</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 152X | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2:50 P.M.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>July 1948</u> , to <u>Aug 9, 1951</u> , that I last saw the deceased alive on <u>9 Aug, 1951</u> and that death occurred at <u>2:50 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Math Hermann & Son, Inc.</u> | | | | 23b. ADDRESS <u>400 7th W. St. St. Louis, Mo.</u> | | 23c. DATE SIGNED <u>May 5</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug. 13, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATOR <u>National Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u> | |
| DATE BY LOCAL REG. <u>Aug 10 1951</u> | | REGISTRAR'S SIGNATURE <u>Earl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son, Inc.</u> ADDRESS <u>2161 E. Fair Ave.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Homer W. Jantz

Licensed Embalmer No. *3882*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.